

# 2003-04 Project Application

## Kentucky Nonpoint Source Pollution Control Program

Use this form to apply for Section 319(h) Nonpoint Source Implementation Grant Funds.

This application Must Be **Typed** or **Word Processed** & Must Be Submitted on this Form or an Identical Copy

### 1. Project Title:

<b>2A. Lead Agency &amp; Primary Contact</b>			<b>3A. Project Manager Name and Title</b>		
<b>B. Street Address</b>			<b>B. Street Address</b>		
<b>C. City</b>	<b>D. State</b>	<b>E. Zip</b>	<b>C. City</b>	<b>D. State</b>	<b>E. Zip</b>
<b>F. Telephone Number</b>			<b>F. Telephone Number</b>		
<b>G. Fax Number</b>			<b>G. Fax Number</b>		
<b>H. Email Address</b>			<b>H. Email Address</b>		
<b>4. Project Start Date:</b>			<b>5. Project End Date:</b>		

### 6. Fiscal Summary:

319(h) Funding Requested: \$ \_\_\_\_\_ %

Non-Federal Match: \$ \_\_\_\_\_ %

**Total** Project Budget: \$ \_\_\_\_\_ 100.00%

### 7. What type of Project:

- ☐ Watershed Demonstration
- ☐ BMP Technology Demonstration
- ☐ Education/Technology Transfer
- ☐ Other: \_\_\_\_\_

### 8. River Basin:

☐ Statewide

☐ Kentucky

☐ Salt

☐ Licking

☐ Tygarts

☐ Green

☐ Tradewater

☐ Tennessee

☐ Ohio tributary

☐ Lower Cumberland

☐ Upper Cumberland

☐ Big Sandy

☐ Little Sandy

☐ Mississippi

**NPS STAFF USE:**

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<b>9. Geographic Coverage:</b>  <input type="checkbox"/> Statewide <input type="checkbox"/> Regional <input type="checkbox"/> Watershed	<b>10. NPS Pollutant(s) to be addressed:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <input type="checkbox"/> Low dissolved oxygen  <input type="checkbox"/> Sedimentation/Siltation  <input type="checkbox"/> Suspended Solids  <input type="checkbox"/> Pathogens/Bacteria  <input type="checkbox"/> Organic enrichment  <input type="checkbox"/> Other: _____         </div> <div style="width: 30%;"> <input type="checkbox"/> Pesticides  <input type="checkbox"/> Oil and grease  <input type="checkbox"/> Nutrients  <input type="checkbox"/> pH         </div> </div>
<b>11. NPS Pollution <u>Source(s)</u> to be addressed:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 35%;"> <input type="checkbox"/> NPS All  <input type="checkbox"/> Agriculture  <input type="checkbox"/> Construction  <input type="checkbox"/> Silviculture  <input type="checkbox"/> Urban Runoff         </div> <div style="width: 60%;"> <input type="checkbox"/> Resource Extraction  <input type="checkbox"/> Habitat Modification  <input type="checkbox"/> Improper Waste Disposal (including Onsite Waste issues)  <input type="checkbox"/> Hydrologic Modification  <input type="checkbox"/> Recreation  <input type="checkbox"/> Other: _____         </div> </div>	
<b>12. Project Area:</b> ♦ Project deals directly with groundwater, springs, or karst? <input type="checkbox"/> yes <input type="checkbox"/> no ♦ <b>For Watershed Projects Only, complete the following:</b> Project implements TMDL? <input type="checkbox"/> yes <input type="checkbox"/> no Project addresses TMDL that is under development? <input type="checkbox"/> yes <input type="checkbox"/> no Project is on a 303(d) 1 <sup>st</sup> priority impaired stream? <input type="checkbox"/> yes <input type="checkbox"/> no <b>OR</b> 2 <sup>nd</sup> priority impaired stream? <input type="checkbox"/> yes <input type="checkbox"/> no Project is on an Outstanding Resource Water with identified threats? <input type="checkbox"/> yes <input type="checkbox"/> no Project is on a High Quality Water with identified threats? <input type="checkbox"/> yes <input type="checkbox"/> no Project has other impairments or identified threats? <input type="checkbox"/> yes, described in app. <input type="checkbox"/> no	
<b>13. Location:</b>  <div style="text-align: right;">Map Attached: <input type="checkbox"/> Yes <input type="checkbox"/> N/A</div>	
<b>A. Watershed(s):</b>  	
<b>B. HUC(s):</b>  	
<b>C. County(s):</b>  	
<b>D. U.S.G.S. 7.5 minute topographic quadrangle maps in project area:</b>  	

**14. Project Summary:**

**15. Introduction/Background:**

**16. NPS Pollution Control Project Goal, Objectives, and Activities:**

**17. Describe the NPS Pollution Control Plan of Work:**

**18. Describe the Water Quality Monitoring Plan:**

**19. Public Involvement:**

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**20. Project Partners:**

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Role/Contribution to Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Role/Contribution to Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Role/Contribution to Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Role/Contribution to Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

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Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Role/Contribution to Project: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail address: \_\_\_\_\_

**21. Project Measures of Success:**

22. Milestone Schedule:  Milestones	Expected Begin Date	Expected Completion Date
1.		

**23. Reference/Literature Cited:**

## 24. Budget Summary

	BMP Implementa- -tion	Project Management	Education, Training, or Outreach	Monitoring	Technical Assistance	Other -	TOTAL
Personnel	\$	\$	\$	\$	\$	\$	\$
Supplies							
Equipment							
Travel							
Contractual							
Operating Costs							
Other							
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

## 25. Detailed Budget

Budget Categories (itemize all categories)	Section 319(h)	Non-Federal Match	TOTAL
Personnel	\$	\$	\$
Supplies			
Equipment			
Travel			
Contractual			
Operating Costs			
Other			
<b>TOTAL</b>	\$	\$	\$
	____%	____%	<u>100</u> %

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**26. Budget Narrative:**

## 27. Grant Application Conditions

Completion of this section is required in order to receive funding consideration.

- Applicant agrees that the proposed project will comply with all applicable state laws and rules.
- Applicant agrees to obtain all applicable permits.
- Reporting will be conducted in accordance with the legal contract.
- All Project Partners have agreed to participate ☐ Yes ☐ N/A
- **I have read and agree to comply with all applicable conditions as specified in the Guidance Document.**
  - Education Materials Condition (See Section 27, Page 26) ☐ Yes ☐ N/A
  - Material Review Condition (See Section 27, Page 26) ☐ Yes ☐ N/A
  - QAPP Condition (See Section 27, Page 26) ☐ Yes ☐ N/A
  - BMP Implementation Plan Condition (See Section 27, Page 26) ☐ Yes ☐ N/A
    - AFO Condition (See Section 27, Page 27) ☐ Yes ☐ N/A
    - Geomorphic BMP Condition (See Section 27, Page 27) ☐ Yes ☐ N/A
  - GIS Condition (See Section 27, Page 27) ☐ Yes ☐ N/A
  - Project Partners Condition (See Section 27, Page 27) ☐ Yes ☐ N/A

**WARNING:** Any application which is determined to be deficient, not eligible, or missing KEY components will not be considered for funding.

Signature of Lead Agency's Authorized Representative

Date

Typed Name and Title of Representative

Telephone Number

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